

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 10-JUL-2015		TIME 16:03:00		2. ADDRESS OF OCCURRENCE 10639 S COTTAGE GROVE AVE CHICAGO, IL 60628				3. LOCATION CODE 304		4. BEAT/OCCUR 0512																																																	
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME MARTIN		7. FIRST NAME WALTER R		8. STAR NO. 12500		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI																																																
	11. AGE 509		12. HT. 215		13. WT. 215		14. DATE OF APPT. 16-DEC-2009		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 004 0461E																																																
	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. LAST NAME MCSWAIN		21. FIRST NAME EUGENE		22. M.I. [REDACTED]																																																
SUBJECT INFORMATION	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 506		27. WT. 150		28. ADDRESS [REDACTED]																																																
	29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? DR. [REDACTED]		34. BY WHOM? DR. [REDACTED]																																																
	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED 00000000		37. CB NO. 00000000		38. IR NO. [REDACTED]		39. DNA <input type="checkbox"/> DNA		40. DNA <input type="checkbox"/> DNA																																																
REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS		39. ACTIVE RESISTER		40. ASSAILANT: ASSAULT		41. ASSAILANT: BATTERY		42. ASSAILANT: DEADLY FORCE		43. OTHER																																																
	44. MEMBER'S RESPONSE		45. OPEN HAND STRIKE		46. ELBOW STRIKE		47. KNEE STRIKE		48. FIREARM		49. OTHER																																																
WEAPON DISCHARGE INCIDENT	50. DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		51. STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		52. OTHER <input type="checkbox"/>		53. FLED <input type="checkbox"/>		54. PULLED AWAY <input type="checkbox"/>		55. OTHER <input type="checkbox"/>																																																
	56. MEMBER PRESENCE <input checked="" type="checkbox"/>		57. VERBAL COMMANDS <input checked="" type="checkbox"/>		58. ESCORT HOLDS <input type="checkbox"/>		59. WRISTLOCK <input type="checkbox"/>		60. ARMBAR <input type="checkbox"/>		61. PRESSURE SENSITIVE AREAS <input type="checkbox"/>																																																
	62. CONTROL INSTRUMENT <input type="checkbox"/>		63. OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		64. OTHER <input type="checkbox"/>		65. OPEN HAND STRIKE <input type="checkbox"/>		66. TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		67. OC CHEMICAL WEAPON <input type="checkbox"/>																																																
CASE INFO.	68. CANINE <input type="checkbox"/>		69. TASER (Probe Discharge) <input type="checkbox"/>		70. TASER (Contact Stun) <input type="checkbox"/>		71. TASER (Spark Displayed) <input type="checkbox"/>		72. OTHER <input type="checkbox"/>		73. ELBOW STRIKE <input type="checkbox"/>																																																
	74. TASER (Impact Weapon) <input type="checkbox"/>		75. TASER (Impact Munition) <input type="checkbox"/>		76. OTHER <input type="checkbox"/>		77. FIREARM <input type="checkbox"/>		78. OTHER <input type="checkbox"/>		79. OTHER <input type="checkbox"/>																																																
	80. TASER (Impact Weapon) <input type="checkbox"/>		81. TASER (Impact Munition) <input type="checkbox"/>		82. OTHER <input type="checkbox"/>		83. FIREARM <input type="checkbox"/>		84. OTHER <input type="checkbox"/>		85. OTHER <input type="checkbox"/>																																																
SIGNATURES	86. TASER (Impact Weapon) <input type="checkbox"/>		87. TASER (Impact Munition) <input type="checkbox"/>		88. OTHER <input type="checkbox"/>		89. FIREARM <input type="checkbox"/>		90. OTHER <input type="checkbox"/>		91. OTHER <input type="checkbox"/>																																																
	92. TASER (Impact Weapon) <input type="checkbox"/>		93. TASER (Impact Munition) <input type="checkbox"/>		94. OTHER <input type="checkbox"/>		95. FIREARM <input type="checkbox"/>		96. OTHER <input type="checkbox"/>		97. OTHER <input type="checkbox"/>																																																
	98. TASER (Impact Weapon) <input type="checkbox"/>		99. TASER (Impact Munition) <input type="checkbox"/>		100. OTHER <input type="checkbox"/>		101. FIREARM <input type="checkbox"/>		102. OTHER <input type="checkbox"/>		103. OTHER <input type="checkbox"/>																																																
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>												42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors												43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial												44. WEATHER CONDITIONS CLEAR																							
45. MAKE/MANUFACTURER												46. MODEL												47. BARREL LENGTH												48. CALIBER/GAUGE																							
49. TASER DART IO NO.												50. WEAPON SERIAL NO. (Include Letters)												51. CHICAGO GUN REG NO												52. IL FIREARM OWNER ID. NO												53. HANDGUN CERTIFICATE NO											
54. SPECIAL WEAPON CERTIFICATE NO.												55. PROPERTY INVENTORY NO.												56. TYPE OF AMMUNITION USED												57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.												58. TOTAL NO. OF SHOTS MEMBER FIRED											
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)												60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED												62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																							
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)												64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD												65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												70. EVENT NO. 1519111125																							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)												67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.												68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																																			
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)												71. R.D. NO. HY335302												72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC																																			
73. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.												74. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.												75. REPORTING MEMBER (Print Name) MARTIN, WALTER R																																			
76. STAR/EMPLOYEE NO. 12500												77. SIGNATURE [REDACTED]												78. DATE/TIME 10-JUL-2015 23:52:57																																			
79. REVIEWING SUPERVISOR WILL ENSURE THE LEGIBILITY AND COMPLETENESS OF THIS REPORT AND ATTEST BY ENTERING THE REQUIRED INFORMATION BELOW.												80. REVIEWING SUPERVISOR (Print Name) LOPEZ, JOSE L												81. STAR NO. 809																																			
82. SIGNATURE [REDACTED]												83. DATE REVIEWED 11-JUL-2015 00:03:08												84. TIME 11-JUL-2015 00:03:08																																			

Log 1076081
VA 15-10

AH 34

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender is hospitalized.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this stage of the investigation, a preliminary determination has been made that the Officers actions were in compliance with department guidelines and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1076081 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WALLER, FRED L

SIGNATURE

[Redacted Signature]

DATE COMPLETED TIME

11-JUL-2015 01:17:26

79. TOTAL TRR's THIS EVENT No.

8

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UH-15-10 AH.34